VERIFICATION FOR A CHILD WITH A DISABILITY

To:	Return to:							
Telephone								
Name of Child and, if needed, name of family members The Department of Health and Human Services, Division for Children, Youth, and Families, Child Development Bureau has seen a dramatic increase in the expulsion rate of children from child care centers and family child care homes. Many of these children have behavioral problems, which may be a result of an emotional or psychological disability. To encourage providers to accept and retain children with special needs, the Department will pay a supplemental rate to all providers caring for children with a verified diagnosed disability. Children with an emotional disability must be receiving on-going treatment. Does the child have a medical, physical, developmental, or emotional disability? The diagnosis of the child's disability is								
				Is this a permanent condition? ☐Yes ☐ No If n	s this a permanent condition? Yes No If not, length of expected duration is			
				I ☐ have ☐ have not provided treatment to the abo	ve-mentioned child.			
				List the name of each provider of disability services	for the child			
Signature ☐ I certify that I am a licensed Physician, Psycholog	Date ist or Social Worker	1						
The child has a current Individual Education Plan	☐ Yes ☐ No							
Signature I certify that I am a SAU Special Education Direct	Date tor or Area Agency Director							
By signing below, I authorize the verification are understand that the information will be held in the shared with, authorized Department of Health and I Child Care Development Fund Scholarships. The indicated below by the parent or guardian.	strictest confidence and that it w	vill be revien the autho	ewed by, or orizations of					
Parent or Guardian Signature	Date		1					
For Departn For chronic non-changing disabilities, verification is require	nent Use Only ed only once. For all others, verification	on is require	d annually.					